

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814  
) 445-1912



August 21, 1981

To: All County Welfare Directors

Letter No. 81-40

## NEW MEDI-CAL ID CARD STOCK

This letter updates All County Welfare Directors Letter No. 80-37 (10/23/80) regarding new Medi-Cal ID card stock (MC 300).

Beginning with September 1981 Month of Eligibility (MOE), the new type card will be sent to all SSI/SSP recipients. Beginning with November MOE, all other state generated cards will be printed on the new card stock.

Attachment I provides a detailed description of the revised MC 300 Medi-Cal ID card and a schematic description of the data elements contained on the card. This description incorporates some changes made to the card since All County Welfare Directors Letter No. 80-37.

A stuffer explaining the new Medi-Cal ID card will be included in each envelope for the first month the new card is issued. Attachment II is a copy of the stuffer. Medi-Cal providers have been informed, via a provider bulletin, of the new MC 300.

If you have any questions regarding the new MC 300 Medi-Cal card, please contact your Medi-Cal program consultant.

Sincerely,

Original signed by

Barbara V. Carrl for  
Madalyn M. Martinez, Chief  
Medi-Cal Eligibility Branch

## Attachments

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Expiration Date: August 31, 1982

NAME										LINE									
1	9	3	4	1	2	3	4	5	6	7	0	1	2						
2	0	6	8	0	P	3	0	F	N	P	1	0	5						

**MEDICAL IDENTIFICATION**

VALID: JUN 80 06/13/930 F  
 MEDICARE# 123456789ABC -2  
 REDWOOD HLTH PILOT PROJECT

19-34-1234567-0-12-9

NAME LINE \_\_\_\_\_ X

2ND NAME LINE \_\_\_\_\_ X

ADDRESS LINE \_\_\_\_\_ X

CITY \_\_\_\_\_ CA 95814

MEDSID 123456789  
 \*019 1234

SOC: 1000 O/C: N  
 193412345670129194

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE  
 BENEFITS UNDER MEDICAL AND SURVIVAL AND LIFE INSURANCE  
 VIOLATIONS WILL CHARGE. PROVIDERS ARE NOT TO BE USED FOR  
 CAN BE LITIGATED. PROVIDERS ARE NOT TO BE USED FOR  
 HEALTH COVERAGE. AGREED 1994

# MC300 SCHEMATIC EXPLANATION

## SCHEMA LINE COLUMNS DESCRIPTION

1	1	2-14	VALID MO/YR OF CARD:
		2-7	'VALID:' FOR CURRENT MONTH CARDS
			'RETRO:' FOR PRIOR MONTH CARDS
		8	SPACE
		9-11	MONTH - ABBREVIATED TO THREE LETTERS
		12	CONSTANT - /
		13-14	YEAR - LAST TWO DIGITS OF YEAR
2	1	17-25	BENEFICIARY DATE OF BIRTH:
		17-18	MONTH - NUMERIC 01-12
		19	CONSTANT - /
		20-21	DAY - NUMERIC 01-31
		22	CONSTANT - /
		23-25	YEAR - LAST THREE DIGITS OF YEAR (980 = 1980)
			(LAST TWO DIGITS OF YEAR (80 = 1980) ONLY UNTIL
			MEDS IS OPERATIONAL. CENTURY WILL BE BLANK)
3	1	27	BENEFICIARY SEX - M OR F
4	2	2-27	BENEFICIARY NUMBER AND ENTITLEMENT CODE:
		2-10	NUMBER TYPE - IN ORDER OF PREFERENCE
			1. MEDICARE# - IF '2' IN MEDICARE INDICATOR
			2. HIC # - IF HIC NUMBER PRESENT
			3. RRB # - IF RRB NUMBER
		11	SPACE
		12-23	BENEFICIARY NUMBER IN ORDER OF PREFERENCE ABOVE
		24-26	SPACES
		27	ENTITLEMENT CODE - NUMERIC INDICATES ENTITLEMENT
			BLANK MEANS NONENTITLEMENT
5	3	2-28	PILOT PROJECT NAME:
			ENTER IF BENEFICIARY IS UNDER
			1. PILOT PROJECT
			2. LESS THAN FULL SERVICE PHP
			3. LIMITED SERVICES
			4. RESTRICTED SERVICES
6	4	2-28	ADDITIONAL DATA LINE:
			USE IF ADDITIONAL SPACE IS NEEDED FOR PILOT PROJECT
			MESSAGES

7	5	2-21	BENEFICIARY COUNTY ID OR TITLE XVI ID: COUNTY ID:
		2-3	COUNTY CODE
		4	HYPHEN
		5-6	AID CODE
		7	HYPHEN
		8-14	SERIAL NUMBER
		15	HYPHEN
		16	FAMILY BUDGET UNIT (FBU) CODE
		17	HYPHEN
		18-19	PERSON NUMBER
		20	HYPHEN
		21	CHECK DIGIT
			TITLE XVI ID
		2-3	COUNTY CODE
		4	HYPHEN
		5-6	AID CODE
		7	HYPHEN
		8	CONSTANT - 9
		9	HYPHEN
		10-18	SOCIAL SECURITY NUMBER
		19	HYPHEN
		20	CHECK DIGIT
8	6	2-28	BENEFICIARY NAME STANDARDIZED FORMAT ATTEMPTED IN CID010. TRUNCATE IF NECESSARY.
9	7	2-28	SECOND ADDRESSEE/ADDRESS LINE: USE AS ADDRESS LINE IF FIRST AND SECOND ADDRESS LINE OF CID RECORD ARE BOTH IN USE. OTHERWISE PRINT C/O AND ADDRESSEE/INSTITUTION NAME TRUNCATE IF NECESSARY.
10	8	2-28	ADDRESS LINE: TRUNCATE IF NECESSARY.
11	9	2-28	CITY/STATE/ZIP:
		2-18	CITY: TRUNCATED
		19	SPACE
		20-21	STATE: FIXED 'CA' FOR NON-XVI POSSIBLY TRUNCATED FOR OTHERS
		22	SPACE
		23-27	ZIP CODE
		28	SPACE

12	12	4-7	FOR STATE USE: SENSING MARK - GATE/READ VERIFY PRINTED ON EVERY CARD
13	13	4-7	FOR STATE USE: SENSING MARK - DEMAND FEED SPACES ON FIRST CARD OF A NEW FAMILY DASHES ON REMAINING CARDS OF SAME FAMILY
14	14	4-7	FOR STATE USE: SENSING MARK - ZIP CODE CHANGE DASHES ON FIRST CARD OF A NEW ZIP CODE SPACES ON REMAINING CARDS OF SAME ZIP CODE
15	15	4-7	FOR STATE USE: SENSING MARK - SELECT FEED FOR STUFFER SPACES OR DASHES AS DETERMINED BY CALLED SUBPROGRAM. SUBPROGRAM CALLED THRU CODING OF 'CRDFIL' INPUT.
16	16	11-21	BENEFICIARY LIABILITY: IN ORDER OF PREFERENCE 1. DIALYSIS RECORD 11-17 CONSTANT - %OBLIG: 18 SPACE 19-20 PER CENT OF OBLIGATION 21 CONSTANT - % 2. LIABILITY AMOUNT PRESENT (ZEROS QUALIFY AS AN AMOUNT) 11-14 CONSTANT - SOC: 15 SPACE 16 CONSTANT - \$ 17-21 LIABILITY AMOUNT 3. CERT DATE PRESENT 11-14 CONSTANT - CERT 15 SPACE 16-21 CERTIFICATION DATE - MMDDYY
17	15	11-28	FOR STATE USE: OPTICAL CHARACTER RECOGNITION (OCR) LINE. 11-12 COUNTY CODE 13-14 AID CODE 15-21 SERIAL NUMBER 22 FBU 23-24 PERSON NUMBER 25 CHECK DIGIT 26-28 JULIAN DAY CID RECORD EDITED
18	11	11-27	MEDS IDENTIFICATION NUMBER: 11-16 CONSTANT - MEDSID 17 SPACE 18-26 SOCIAL SECURITY NUMBER 27 SPACE - FOR FUTURE USE OF CHECK DIGIT
19	12	16-24	COUNTY IDENTIFIER: 16 CONSTANT - * 17-19 DISTRICT OF REGISTRATION 20 SPACE 21-24 COUNTY USE
20	14	23-28	BENEFICIARY'S OTHER COVERAGE: 23-26 CONSTANT - O/C:

21	TAG1	29-41	BENEFICIARY NAME:	
		29-37	LAST NAME	
		38	SPACE	
		39-41	FIRST NAME	
21A	TAG1	42	CHECK DIGIT	
22	TAG2	29-42	BENEFICIARY ID:	
		29-30	COUNTY CODE	
		31-32	AID CODE	
		33-39	SERIAL NUMBER	
		40	FBU	
		41-42	PERSON NUMBER	
23	TAG3	29	MEDICARE STATUS	
			NUMERIC VALUE INDICATES MEDICARE ENTITLEMENT	
			BLANK MEANS NONENTITLEMENT	
24	TAG3	41-42	PILOT PROJECT OR PHP NUMBER	
			OMIT FIRST 'P' WHERE APPLICABLE, AS IN PP1	
24A	TAG3	39-40	LIMITED OR RESTRICTED SERVICES CODE	
25	TAG3	38	BENEFICIARY'S OTHER COVERAGE	
26	TAG3	37	BENEFICIARY SEX	
27	TAG3	35-36	BENEFICIARY YEAR OF BIRTH	
			LAST TWO DIGITS OF YEAR	
28	TAG3	34	TYPE OF LABEL	
			FULL SERVICE CARD:	IF TRANSACTION CODE = 1 OR 5
			LINES 3 & 6 - 'M'	
			LINES 9, 12, & 15 - 'P'	
			NON-FULL SERVICE CARD:	IF TRANSACTION CODE = 6 OR 7
			ALL LINES - 'P'	
29	TAG3	30-33	VALID MONTH/YEAR OF CARD:	
		30-31	MONTH - NUMERIC 01-12	
		32-33	YEAR - LAST TWO DIGITS	

**IMPORTANT NOTICE**

The Department of Health Services has developed a new Medi-Cal ID card (enclosed). This card is smaller than the old Medi-Cal cards and has three fewer "Proof of Eligibility" (POE) labels. If you need additional POE labels, you may contact your local county welfare department. However, in most cases, your provider may photocopy your card and use the photocopy instead of a POE label.

This Medi-Cal card is used in the same way as previous cards you may have received.

21342-449 1,800 M - CSP